

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000509

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 43Primary Registration District No. 3002Registrar's No. 535

FILED JAN 29 1962

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>OREGON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		c. CITY OR TOWN <b>MYRTLE</b>	
Length of stay in 1b <b>28 DAYS</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION</b>		d. STREET ADDRESS (If outside, give location) <b>ROUTE ONE</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>GROVER</b> Middle <b>(NONE)</b> Last <b>STEPHENS</b>		4. DATE OF DEATH <b>JANUARY 13, 1962</b> Month Day Year	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-25-92</b>
9. AGE (last birthday) <b>69</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED SOLDIER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>US ARMY RETIRED</b>	
11. BIRTHPLACE (City and state or country) <b>MT. STERLING, KY.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>JAMES STEPHENS</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH McCORMACK</b>	
14. NAME OF HUSBAND OR WIFE <b>EVA B. STEPHENS</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY ARTERIOSCLEROTIC HEART DISEASE.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <b>Several years...</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. attended the deceased from <b>December 16, 1961</b> to <b>Jan. 13, 1962</b> and last saw her alive on <b>Jan. 13, 1962</b> Death occurred at <b>7:10 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert S. Cohen</b> (Degree or title) <b>ROBERT S. COHEN, M.D., Chief, Medical Svc.</b>		22b. ADDRESS <b>VA Hospital, Poplar Bluff, Mo.</b>	22c. DATE SIGNED <b>1/16/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1-14-1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cotton Creek Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Oregon, Missouri</b>
24. FUNERAL DIRECTOR <b>Carter Funeral Home, Thayer, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>1-27-62</b>	26. REGISTRAR'S SIGNATURE <b>Harold W. M.D.</b>

(Licensed Embalmer's Statement on Reverse Side)

JUN 26 1962

JAN 30 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.